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Under the Pa	aperwork Reduction Act of	1995, no person are re	equired to	respond to a collection				s control numbe	
Foos numusat to	Complete if Known Application Number 10/589,043-Conf. #4064								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		August 10, 2006			
FEE TRANSMITTAL				Filing Date		Hideki Oki			
For FY 2009				First Named Inventor Examiner Name		Z. P. Best			
						1795			
Applicant claims small entity status. See 37 CFR 1.27		740,110							
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Attorney Docket No.		No.	S1459.70129US00			
METHOD OF	PAYMENT (check a	all that apply)							
Check X Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU	LATION								
1. BASIC FILIN	IG, SEARCH, AND EX	AMINATION FEE	ES .						
	FIL	ING FEES	SEA	ARCH FEES	EXAMI	NATION FEES			
Application T	vpe Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CL			_	-				Small Entity	
Fee Description Each claim ove				Fee (\$) 52	Fee (\$) 26				
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims	Extra Claims	Fee (\$)	Fe	Fee Paid (\$)		Multiple Dependent Claims			
24 - 20 or HP 2 x 52 = HP = highest number of total claims paid for, if greater than 20.			104		E	ee (\$) <u>F</u>	ee Paid (<u>\$)</u>	
Indep. Claims 2 -3 or HP = Extra Claims x Fee (\$)			Fee Paid (\$)						
***************************************	nber of independent claims	paid for, if greater that	n 3.						
listings und	ON SIZE FEE ation and drawings ex der 37 CFR 1.52(e)), traction thereof. See 3.	he application siz	e fee du	e is \$270 (\$135 f	onically f for small	filed sequence or entity) for each ac	computer Iditional 5	0	
<u>Total Shee</u>	Extra Sheets	· · · · · · · · · · · · · · · · · · ·		dditional 50 or frac			<u>Fee</u>	Paid (\$)	
4. OTHER FEE	(S)			-			Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g.,	late filing surcharge):	1801 Request	for conf	tinued examina	tion (RC	E) (see 37	8	10.00	
SUBMITTED BY									
Signature	Rougely	Pot Ko		Registration No. (Attorney/Agent)	35,986	Telephone	617.64	6.8000	
Name (Print/Type)	1130000	.1,1,0		(Automey/Agent)			20-		
(1 mile 1 ype)	randy o. Finzkei					7-	au	, 0	

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system in accordance with § 1.6(a)(4). Dated:	signatural li here lle (Ferliveille)								